

FILED SEP 20 1948

Registration District No.

318

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No.

Registrar's No.

31368

8020

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether)
In this community 0 years, months or days

3. (a) PRINT FULL NAME Alvin Ray

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Ray

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 14th, 1894.
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 27

If less than one day hr. min.

9. Birthplace Tennessee

(City, town, or county)

(State or foreign country)

10. Usual occupation Hair Dresser

11. Industry or business

12. Name William B. Ray

13. Birthplace Tennessee

(City, town, or county)

(State or foreign country)

14. Maiden name Sallie Leggett

15. Birthplace Tennessee

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Beulah Ray

(b) Address Gleason Tennessee

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof Sept. 14, 1948.

(Month) (Day) (Year)

(c) Place: burial or cremation Gleason Tennessee.

18. (a) Signature of funeral director J. F. Brudack

(b) Address 6409 Gravois Ave.

19. (a) SEP 13 1948

(Date received local registrar)

(b) J. F. Brudack

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
(c) City or town Saint Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 3519a So. Grand Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th.
year 1948. hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9/11 to 9/11 1948
that I last saw him alive on 9/11 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Coronary artery disease
Myopathy left ventricle
Due to Brain & hepatic diseases: 3 Heart
Hemorrhage of R. A. Artery
Due to Brain & hepatic diseases: 1.5

Other conditions Cardio Renal vascular
(Include pregnancy within 3 months of death) Hypertensive disease

Major findings: Of operations None

PHYSICIAN

Underline the cause to which death should be attributed. Coronary disease Hypertensive
Cerebral Hemorrhage
Myopathy left ventricle
Brain & hepatic diseases

22. Death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) Home
Where did work? (Specify type of place) (e) Means of injury Stroke

23. Signature George Z. Wilkerson (M. D. or other)
Address 3903 Olive Date signed 9/13/48

JAN 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.